Department of Veterans Affairs EMPLOYEE'S RECORDS CLEARANCE				
				INSTRUCTION: This form must be completed (VA), and certifies that the departing employee is
1. NAME OF EMPLOYEE	2. SERVIC	E, DIVISION AND SECTION (Include mailing symbol	3. DATE	
4. TITLE OF POSITION		5. STATION NO.		
6A. SIGNATURE AND TITLE OF SUPERVISOR		6B. DATE	6B. DATE	
CERTIFICATION: I hereby certify that I am a any VA records in my custody.	ware of the criminal penal	ties for the unlawful removal of Federal recor	ds (18 U.S.C. 2071) and that I do not have	
7. SIGNATURE OF EMPLOYEE	8. DATE			
9. SIGNATURE OF RECORDS OFFICER	10. DATE			

VA FORM **0708** FEB 1999

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